

FILE NOW: FILING FEE IS \$61.25.

FILED  
Feb 10, 1999 8:00am  
Secretary of State

02-10-1999 90055 045 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N28367

1. Corporation Name

BAKER HOUSE RESTORATION PROJECT, INC.

Principal Place of Business

5744 MOOG ROAD  
HOLIDAY FL 34690

Mailing Address

P.O. BOX 116  
ELFERS FL 34680



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/15/1988

4. FEI Number  
59-2895675

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CARBINE, HILDE M  
12217 CIDER MILL LANE  
BAYNOET PT FL 34667

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE

NAME HILDEBRAND, ANN  
STREET ADDRESS 5311 WINDWARD WAY  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE VD  DELETE

NAME LOECHELT, JOYCE  
STREET ADDRESS 5145 ROSEWOOD DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE SD  DELETE

NAME CLAYTON, MAXINE  
STREET ADDRESS P.O. BOX 5631 N/A  
CITY-ST-ZIP HUDSON FL

TITLE TD  DELETE

NAME CARBINE, HILDE M  
STREET ADDRESS 12217 CIDER MILL LANE  
CITY-ST-ZIP BAYONET PT FL 34667

TITLE CS  DELETE

NAME NILES, ARLENE  
STREET ADDRESS 12300 OAK FOREST LANE  
CITY-ST-ZIP BAYONET PT FL 34667

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Hildebrandt Carbine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 19, 1999 727-868-5072  
Date Daytime Phone #

CR2E037 (11/98)